Filing Number: 800396056



## **Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

Taxpayer name  THIRD COAST CONCEPTS, INC.	■ Tcode 13196 Franchise																							
THIRD COAST CONCEPTS, INC.	Commont Code to review request and correct information																							
THIRD COAST CONCEPTS, INC.	1     7     6     0     7     6     8     0     3     7     2     2     0     1     8     Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-13.																							
Secretary of State (SOS) file nun	Taxpa	yer nam	T⊦	IIRD	CO	AST	COI	NCE	PTS	S. IN	С.							O BI	acken circl	e if the ma	iling ad	dress has	changed.	
Blacken circle if there are currently no changes from previous year: if no information is displayed, complete the applicable information in Sections A, B and C.  Principal principal prince of business ANDPIPER DRIVE, PORT LAVACA, TX, 77979  Principal prince of business and the principal pr	PO BOX 484 Comptroller file number																							
Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.  Principal place of business  114 SANDPIPER DRIVE, PORT LAVACA, TX, 77979  You must report office, director, member, general partner and manager information as of the date you complete this report.  Please sign selector. This report must be signed to satisfy franchise tax requirements.  SECTIONA Name, title and mailling address of each officer, director, member, general partner or manager.  SHELLY GASCH  VICE-PRESIDENT  VICE-	City		POI	RT O	СО	NNO	)R		St	ate	Т	X			ZIF	code plus 4	7982	)			8003	96056		
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POBOX 300    Name	SHELLY GASCH												ICE	-PRI	ESI	DENT		YES	1	erm				
Name   Title   PRESIDENT   YES   Term   Term   M d d d d d d d d d d d d d d d d d d	Mailing address City State ZIP Code																							
Mailing address 114 SANDPIPER DRIVE  Title  LYNETTE CUNNINGHAM  SECRETARY  SECRETARY  Oirector  PORT LAVACA  State  TX  Term  Expiration  Mailing address 114 SANDPIPER DRIVE  City  PORT LAVACA  State  TX  Term  SECRETARY  SECRETARY  Mailing address 114 SANDPIPER DRIVE  City  PORT LAVACA  State  TX  Term  SECRETARY  SECRETARY  SECRETARY  STATE  Term  SECRETARY  SECRETARY  PORT LAVACA  State  TX  Term  SECRETARY  Term  SECRETARY  STATE  Term  SECRETARY  SECRETARY  STATE  Term  SECRETARY  STATE  Term  SECRETARY  STATE  Term  SECRETARY  TOTA  T	Name Title Director m m d d y y																							
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Name LYNETTE CUNNINGHAM SECRETARY SECRETARY  O'YES Term expiration  Mailing address 114 SANDPIPER DRIVE  SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent of NONE  NONE  None None  State of formation  State of formation  Texas SOS file number, if any Percentage of owne owned (subsidiary) corporation, LLC, LP, PA or financial institution  State of formation  Texas SOS file number, if any Percentage of owne owned (subsidiary) corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this  Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution  SECTION C Enter information for each corporation, LLC, LP, PA or financial institution  NoNE  Registered agent and registered office currently on file (see instructions if you need to make changes)  Agent: SHELLEY GASCH  Office: 3055 W HARRISON AVENUE  City PORT O CONNOR  State TX  ZIP Code TYP  O'YES  TYP  City PORT O CONNOR  State of formation in this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use adds sheets for Sections A, B and C, if necessary. The information will be available for public inspection.  I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this repersent mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corpora LLC, LP, PA or financial institution.  Title VICE-PRESIDENT  Oa/13/2018  Area code and phone numled to a part of the face of the date below, and that a copy of this repersent and this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corpora LLC, LP, PA or financial institution.	Mailing address 114 SANDPIPER DRIVE PORT LAVACA State ZIP Code 77979														979									
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Sign Here GARY CUNNINGHAM  Title VICE-PRESIDENT  Date 03/13/2018  Area code and phone numl (361) 920 - 415  Texas Comptroller Official Use Only	l decl been	lare that mailed t	the info o each p	mation person r	in thi	is docur	ment a	and an	y attac	hmen	ts is true a	nd o	orrect	to the	best									
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